

# County of Mono

## EMPLOYEE'S PERSONAL INFORMATION SHEET

The accuracy of this form is critical.

This form is updated annually so the employee's personnel and payroll files have the most current information. This information is kept confidential.

(SPECIAL NOTE: YOU MAY WANT TO FILL OUT A NEW W-4 FORM IF YOU HAVE HAD ANY CHANGES TO ITEMS MARKED WITH AN ASTERISK(\*) ; HOWEVER, FILLING OUT A NEW FORM IS OPTIONAL)

(PLEASE PRINT)

TODAY'S DATE: \_\_\_\_\_ DATE OF HIRE: \_\_\_\_\_

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
First Middle Last

SOCIAL SECURITY NO.: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

☐ (✓) here if new

Choose one ethnic group with which you most closely identify with:

<input type="checkbox"/> Caucasian Male	<input type="checkbox"/> Black Male	<input type="checkbox"/> Asian/Pacific Island Male
<input type="checkbox"/> American Indian Male	<input type="checkbox"/> Hispanic Male	
<input type="checkbox"/> Caucasian Female	<input type="checkbox"/> Black Female	<input type="checkbox"/> Asian/Pacific Island Female
<input type="checkbox"/> American Indian Female	<input type="checkbox"/> Hispanic Female	

\*PHYSICAL ADDRESS:

☐ (✓) here if new \_\_\_\_\_ # and street name \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

\*MAILING ADDRESS:

☐ (✓) here if new \_\_\_\_\_ P.O. box # \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

FOR BENEFIT PURPOSES, PLEASE COMPLETE THE FOLLOWING:

\*MARITAL STATUS: S M D W \*NUMBER OF DEPENDENTS: \_\_\_\_\_

☐ (✓) here if new (ONLY spouse and/or children)

NOTE: Has there been a change in marital status or number of dependents over this past year? YES NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_

SPOUSE'S FULL NAME: \_\_\_\_\_ SPOUSE'S SS#: \_\_\_\_\_

SPOUSE'S EMPLOYER: \_\_\_\_\_ SPOUSE'S DATE OF BIRTH: \_\_\_\_\_

OTHER INSURANCE COVERAGE? YES NO  
INSURANCE CO. \_\_\_\_\_

NAME(S) OF ECONOMICALLY DEPENDENT CHILDREN: (to age 23\* and NOT married)

Required for Insurance Enrollment

Refer Questions to Payroll: 760.932.5495

	Name	Date of Birth	Social Security #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

PERSON TO CONTACT IN AN EMERGENCY: \_\_\_\_\_

DAYTIME EMERGENCY CONTACT NUMBER: (other than home phone number) \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

